

City of Brentwood  
Planning and Codes Department  
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REVISED JULY 1, 2017

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## Commercial / Residential Permit Application for: ◆ Well Drilling ◆

- 1.) - Provide two (2) copies of a site or plat plan, indicating the location of all proposed drilling locations.  
- Identify each drill location as to its purpose on the drawings (i.e. irrigation, geo-thermal, etc.).  
- Provide a copy of your State of Tennessee Notice of Intent to Drill Well (615-532-0191)

2.) PERMIT APPLICATION DATE: \_\_\_\_\_, 201\_\_

3.) CHECK ALL THAT APPLY FROM THE FOLLOWING:

☐ **Commercial**

Irrigation ☐ Geo –Thermal ☐

Other ☐ (if *Other*, describe): \_\_\_\_\_

☐ **Residential**

Irrigation ☐ Geo –Thermal ☐

Other ☐ (if *Other*, describe): \_\_\_\_\_

4.) PROJECT INFORMATION

Property Street Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Map / Parcel #: \_\_\_\_\_

5.) PROPERTY OWNER INFORMATION

Property Owner's Name(s): \_\_\_\_\_

Address, If Different From Project: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

6.) WATER WELL DRILLER'S INFORMATION

Applicant Name: \_\_\_\_\_

Applicant's Company Name: \_\_\_\_\_

Licensed Driller's Certification No.: \_\_\_\_\_

Workman's Compensation Policy No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Brentwood Business Tax License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Company Telephone Number: (\_\_\_\_) \_\_\_\_\_ Ext. No.: (\_\_\_\_) \_\_\_\_\_

Applicant's Mobile Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

- 7.) *The driller is required to send a Tennessee Water Well Drillers Report (CN-0825) to the Division of Water Supply. The report must give the name and address of the Owner; the location of the well; the date of completion and a description of the well's construction. Existing wells no longer in service or those that may pose a threat to ground water should be properly backfilled and abandoned. The Tennessee Division of Water Supply recommends that these wells be abandoned by a licensed water well driller.*

**8.) ESTIMATED PROJECT COMPLETION DATE**

Provide your estimated date of completion for this water well project. NOTE: A Final Inspection is required.

Estimated Date of Completion: \_\_\_\_\_, 201\_\_\_\_\_

**9.) NOTICE TO APPLICANT / CONTRACTOR**

The following act is prohibited: the installation, allowing the installation, or maintenance of any cross connection, auxiliary intake, or bypass, unless the source and quality of water from the auxiliary supply, the method of connection, and the use and operation of such cross connection, auxiliary intake, or bypass has been approved by the Tennessee Department of Environment & Conservation. T.C.A. 68-221-711.

Application and permit become void if work is not commenced or is idle for more than 180 days.

**10.) ELECTRICAL INSPECTION REQUIREMENTS (SPECIFIC TO IRRIGATION SYSTEMS)**

Contractor-Installer completing work shall consult with the State of Tennessee Deputy Electrical Inspector to determine if a permit/inspection is required. Phone number is (615) 577-6161.

**11.) ACKNOWLEDGE AND CERTIFY**

***I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY ADOPTED CODES OR ANY OTHER STATE OR LOCAL LAW REGULATIONS.***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (print clearly) \_\_\_\_\_

**OFFICE USE ONLY**

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_